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☐ Check if this is an amended filing

Fill in this information to identify the case:

Debtor Shonda Yvette Burgos
United States Bankruptcy Court for the: _____ District of _____ (State)
Case number 23-70224-JAD
(If known)

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing addressHuntington Bank
41 S High Street
Columbus, Ohio 43219

Date or dates debt was incurred

10/18/2018

Last 4 digits of account number

5009Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

contractual agreement

Is the claim subject to offset?

- ☐ No
☒ Yes

Total claim

\$ 21,000.00

Priority amount

\$ 11,000.00**2.2** Priority creditor's name and mailing addressWelfman, Weinberg & Reis
436 7th Avenue Suite 2500
Pittsburgh, PA 15219

Date or dates debt was incurred

09/2018 / 12/2022

Last 4 digits of account number

9595Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (b)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

non-contractual agreement

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 2838.00\$ 2838.00**2.3** Priority creditor's name and mailing addressMidland Credit Management
350 Camino Del Rio East
San Diego, CA 92108

Date or dates debt was incurred

08/31/2022

Last 4 digits of account number

1802Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

non-contractual agreement

Is the claim subject to offset?

- ☒ No
☐ Yes

\$ 280\$ 280

Debtor

Name

Shonda Yvette Buggs

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ 2838.00

\$ 2838.00

Discover Bank
PO Box 15316
Wilmington, DE 19850

Date or dates debt was incurred

09/2018

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

contractual agreement

Last 4 digits of account number

9595

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (b)

Is the claim subject to offset?

- ☐ No
☒ Yes

2. Priority creditor's name and mailing address

\$ 1,070

\$ 1,070

Comenity Bank / NY / Rkt
PO Box 182189
Columbus, OH 43218

Date or dates debt was incurred

05/06/2016

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

credit card

Last 4 digits of account number

5637

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (2)

Is the claim subject to offset?

- ☒ No
☐ Yes

2. Priority creditor's name and mailing address

\$ 1711.00

\$ 1711.00

Fingerhut WebBank
6250 Ridge Wood Road
St. Cloud, MN 56303

Date or dates debt was incurred

Last 4 digits of account number

80971092

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim:

credit card

Is the claim subject to offset?

- ☒ No
☐ Yes

2. Priority creditor's name and mailing address

\$ 290.00

\$ 290.00

Comenity Capital / Boscar's
PO Box 182120
Columbus, Ohio 43218

Date or dates debt was incurred

03/24/2019

As of the petition filing date, the claim is:

Check all that apply.

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim:

credit card

Last 4 digits of account number

8097

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (b)

Is the claim subject to offset?

- ☒ No
☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address</p> <p>BreezeLine 43920 Airport View Drive Hollywood, MD 20636-3105</p> <p>Date or dates debt was incurred 2011 Last 4 digits of account number 7192</p>	<p>As of the petition filing date, the claim is: \$ 400.00</p> <p>Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Credit</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address</p> <p>Altoona Water Authority 900 Chestnut Avenue Altoona, PA 16602</p> <p>Date or dates debt was incurred Last 4 digits of account number 3513</p>	<p>As of the petition filing date, the claim is: \$ 300.00</p> <p>Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address</p> <p>Penelec / First Energy 415 Liberty Blvd DuBois, PA 15801</p> <p>Date or dates debt was incurred Last 4 digits of account number 3553</p>	<p>As of the petition filing date, the claim is: \$ 57.00</p> <p>Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address</p> <p>People's Gas PO Box 535323 Pittsburgh, PA 15212</p> <p>Date or dates debt was incurred 9/2010 Last 4 digits of account number 4030</p>	<p>As of the petition filing date, the claim is: \$ 155.00</p> <p>Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: Utility</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address</p> <p>Internal Revenue Service Dept. of Treasury AUR 5-E08-113 Philadelphia, PA 19255-0521</p> <p>Date or dates debt was incurred Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 647.00</p> <p>Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address</p> <p>Altoona Tax Office Blair County - 1419 3rd Ave PO Box 307 Duncansville, PA 16835</p> <p>Date or dates debt was incurred 2019, 2022 Last 4 digits of account number</p>	<p>As of the petition filing date, the claim is: \$ 800.00</p> <p>Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.
If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. GEICO PO Box 9515 Fredericksburg, VA 22403	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	_____
4.2. Capital One PO Box 31293 Salt Lake City, UT 84131	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	<u>7805</u>
4.3. KML Law Group Suite 5000 BNY Independence Center 701 Market Street Philadelphia, PA 19106	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	_____
4.4. University Orthopedic 101 Regent Court State College, PA 16801-7905	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	<u>9139</u>
4.1. Nason Hospital	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4.5. Midland Credit Management 320 E Big Beaver Rd Ste. 300 Troy, MI 48063	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	<u>1267</u>
4.6. Midland Credit Management 320 E Big Beaver Rd Ste. 300 Troy, MI 48063	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	<u>1802</u>
4.7. PSECU 1500 Elmerton Avenue Harrisburg, PA 17110	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	<u>3784</u>
4.8. Portfolio Recovery Associates 120 Corporate Boulevard Ste. 1100 Norfolk, VA 23502	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	<u>4599</u>
4.9. Resurgent Lending Funding PO Box 1269 Greenville, SC 29602	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	<u>6645</u>
4.10. Pfeiffer Orthodontics 508 Logan Blvd Allentown, PA 18102	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	_____
4.11. Bank M&T Bank PO Box 1302 Buffalo, NY 14240-1302	Line _____ <input checked="" type="checkbox"/> Not listed. Explain <u>Addition</u>	_____

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.	Nonpriority creditor's name and mailing address <u>Altونا Area School District</u> <u>PO Box 1967</u> <u>Altونا, PA 16603</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed	\$ <u>900.00</u>
	Date or dates debt was incurred <u>2021/2022</u> Last 4 digits of account number <u>2607</u>	Basis for the claim: <u>school tax</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>FlagStar Bank</u> <u>515 Corporate Drive</u> <u>Troy, MI 48098-2639</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ <u>4800.00</u>
	Date or dates debt was incurred <u>02/15/2019</u> Last 4 digits of account number <u>6573</u>	Basis for the claim: <u>contractual agreement</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Portfolio Recovery Associates</u> <u>120 Corporate Boulevard Ste. 100</u> <u>Norfolk, VA 23502</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>812.00</u>
	Date or dates debt was incurred <u>08/20/2022</u> Last 4 digits of account number <u>4585</u>	Basis for the claim: <u>credit card</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>LV NV Funding LLC</u> <u>55 BEATTIE PLACE</u> <u>Greenville, SC 29601</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>978.00</u>
	Date or dates debt was incurred <u>04/16/2021</u> Last 4 digits of account number <u>4196</u>	Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.	Nonpriority creditor's name and mailing address <u>Verizon Wireless / Southeast</u> <u>P.O. Box 26055 NAPL Recovery Dept</u> <u>Minneapolis, MN 55426</u>	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$ <u>2,285.00</u>
	Date or dates debt was incurred <u>04/25/2014</u> Last 4 digits of account number <u>4389</u>	Basis for the claim: <u>Collections</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor

Name

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. Credit Control LLC PO Box 51790 Livonia, MI 48151-5190	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Addition	5790
4. NACS 2810 Walker Road Chattanooga, TN 37421-1082	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Addition	1086
4. Credit Management Company Foster Plaza Building 7 Level Anderson Suite 110 Pittsburgh, PA 155220	Line _____ <input checked="" type="checkbox"/> Not listed. Explain Addition	2798
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____
4. _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	_____

Debtor

Name

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a.

\$ 5909.00

5b. Total claims from Part 2

5b.

+

\$ 2359.00

5c. Total of Parts 1 and 2

5c.

Lines 5a + 5b = 5c.

\$ 8268.00

Fill in this information to identify the case:

Debtor name Shonda Yvette Burgos
United States Bankruptcy Court for the: _____ District of _____
Case number (if known): 23-70224-JAD Chapter 7 (State)

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.2	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.3	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.4	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	
2.5	State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract	

Debtor

Shonda Yvette Burgas
Name

Case number (if known) 23-70224-JAD

Additional Page if Debtor Has More Executory Contracts or Unexpired Leases

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

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State the term remaining

List the contract number of any government contract

2.

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Shonda Yvette Burgos
United States Bankruptcy Court for the: _____ District of _____
(State)
Case number (if known): 23-70224-JAD

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor			Column 2: Creditor
Name	Mailing address	Name	Check all schedules that apply:
2.1	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____ Street _____ City State ZIP Code	_____ _____ _____ City State ZIP Code	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Name

Shonda Yvette Burgos

Page 11 of 11

Case number (if known)

23-70224-JAD**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G